The Special Attention of Physicians is Respectfully Invited to the Rei	marks below, and to	List of Diseases on back of this Certificate
Bealth Department,	City of	Baltimore.
Permit No. 9900 Zoffice of Registrar The Physician who attended any person in a last illness, is respectively.	of Vital Sta	tation of this Certificate, accurately filled on
to the Undertaker or other person superintending the burial, within requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINE	SD WITHOUT A PROP	ER CERTIFICATE.
CERTIFICATE	OF D	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	raitha	Bucke
Sex, Male or Female, {Cross out the word not }		
Age, 78 Years,	Month	Days
Color,	While	
Married, Single, Widow or Widower, {Cross out the words	s not }	- V
Occupation,		
Birth Place, State or country, and how long in the United States, if of foreign birth.		ujland
Duration of Residence in the City of Baltimore.	- 4	63 years
Place of Death, {Give Street and } //35	na	outal pr
Cause of Death, Second (Immediate),		age -
Duration of Last Sickness, All the above information should be furnished by the Physician.	Oue (-7.0
Place of Burial, Butternoze to The	auning.	noac
Date of Burial, Afrul 3	the	Booley W D
(Undertaker, Joseph B Cook	/	Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics is the City of Baltimore.

Place of Business, 1003 10 Bullen Address,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut be Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish wi wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as fable same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the end date of death.

Bealth Department,	City of Baltimore.
Permit No. 99003 Office of Registrar	of Vital Statistics. Ward 2 4
The Physician who attended any person in a last illness, is respect to the Undertaker or other person superintending the burist, within	possible for the presentation of this Certificate, accurately filled out,
requested so to do, under penalty of law. No Permit for Burial can be Original	
	MOREM
CERTIFICATE	OF DEATH.
	82, 1887.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	hos. E. Bartoly
Sex, Male or Female, { Cross out the word not }	
Age, 40 Years,	Months, Days.
Color,	White 1
Married, Single, Widow or Widower, {Cross on the words	Seamon V
Occupation,	Chamare "
Birth Place, {State or country, and how long in the United States, if of foreign birth.	view york
Duration of Residence in the City of Baltimore,	ene week
Place of Death, {Give Street and } 72	etew york ene week 3 S. Bethel R
Cause of Death, $\begin{cases} \text{First (Primary),} \\ \text{Second (Immediate),} \end{cases}$	popleyz hree days
Duration of Last Sickness, All the above information should be furnished by the Physician.	hree days
Place of Burial, En Poel Cernely	_ /
Date of Burial, Cloud 4 /87)	Shu H. Rebberger
Undertaker, Lee Rinehart	Medical Attendant.
Place of Business, Lealth Office Add	dress, \$1709 alice asmate
Extract from Regulations of the Board of Health to secure a City of Baltin	
Section 2. And be it further enacted and ordained, That whene he Physician who attended during his or her last sickness, or the C wenty-four hours after the death, to the Undertaker or other persons he same can be ascertained, the full name, sex, age, and condition (wind date of death.	Coroner, when the case comes under his notice, to furnish within superintending the Burial, a certificate setting forth as far as

Undertaker,

Place of Business,

The state of the s
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth, Department, City of Baltimore.
Permit No. 99004 Office of Registrar of Vital Statistics. Ward 16
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the presentation of the Certificate accurately filled out to the Undertaker or other person superintending the burial, within the presentation of the Certificate accurately filled out.
CERTIFICATE OF DEATH.
Date of Death, April 3"/887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
(required in this line.)
Age, Years, / Months, Days.
Color, Black.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, R
Occupation, Birth Place, {State or country, and bow long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,
Duraction of Least the Control of th
Place of Death, {Give Street and } 207 & and on . Welley
Cause of Death, { First (Primary), Second (Immediate), Whoking. Cong L.
Duration of Last Sickness, 14 Du 3. All the above information should be furnished by the Physician 2.
Place of Burial, Charle & Ceny
Date of Burial, Sel 4"/887)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Phys	sicians is Respectfully Invited	to the Remarks below, ar	nd to List of Diseases on Ba	ick of this Certificate
Heal	th Beyartm i	ent, City o	f Baltimo	re.
The Physician who attend	5 Office of Beg	s, is responsible for the pre	esentation of this Certificat	Vard Le, accurately filled out,
o the Undertaker or other pe equested so to do, under pena	erson superintending the buria	within twenty-four hours	after the death of said de	eceased, or sooner, if
CE	ERTIFICA	TE OF I	DEATH.	0
Date of Death,	Vone 2.	188701	, ,	
Full Name of Deceas	ed, { Write legibly and spell correctly. If an Infant not named, give names }	John	n Olben	
Sex, Male or Female,	{ Cross out the word not } required in this line. }	200	rale	
Age, 84	Years,	Mon	nths,	Days
Color,	w	Luts		
Married, Single, Wid	ow or Widower, Cross o	out the words not }	manied	
Occupation,	The	e make	_	/
Birth Place, State or coun	try, and how Inited States,	Bohem	-	
1	ce in the City of Balti	more 211	Isace	1/
Place of Death, (Give Si	treet and 14-20 mber.	Thilfor	4 accep	V
Cause of Death, {	ond (Immediate),	asther	estrition.	
Duration of Last Sic	hould be furnished by the Physician.			-/-
Place of Burial,	Sh Pauls a	emetery		
Date of Burial, 4	hrel 4th 188	71-1	3,00	1. 0

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.

(Undertaker, Frank brach

Place of Business, 827. Durham st

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

(Undertaker,

Place of Business, 827

The Special Attention of Physicians is Respectiblly invited to the Bepartment, City of Baltimore. Office of Registrer of Vitte Statistics. The Physician who attended any person in a land to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial, within poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial poenty-jour manner to the Undertaker or other person superintending the burial p ian who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out on other person superintending the burial, within aventy four hours after the death of said deceased, or sooner, Date of Death,.. $Full \ Name \ of \ Deceased, \left\{ egin{array}{ll} ext{Write legibly and spell} \ ext{correctly.} & ext{If an Infant} \ ext{not named, give names} \ ext{of parents.} \end{array}
ight\}$ Sex, Male or Female, (Cross out the word not) required in this line. Months, Days. Color. Married, Single, Widow or Widower, {Cross out the words not } Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore. Place of Death, {Give Street and } M. / wee First (Primary),... Second (Immediate), Spusm Duration of Last Sickness, Place of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Bealth Departme	nt, City of Baltimore.
Permit No. 99007 Office of Regis	strux of Vital Statistics. Ward
The Physician who attended any person in a last illness to the Undertaker or other person superintending the burial,	, is responsible for the presentation of this Certificate, accurately filled out, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be	DETAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICAT	TE OF DEATH.
Date of Death, Sunday	
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.	William 7. Dorsey
Sex, Male or Female, { required in this line. }	
	Months, Days.
Color,	0 .
Married, Single, Widow or Widower, {Cross out required	the words not } Longe.
Occupation,	Frinter.
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Dallimon
Duration of Residence in the City of Balt	imore, Ly Tame
Dlana of Dog H (Give Street and)	777 372 6. Chan Sil old my
Grand of Don'th Sirst (Primary),	ente Duberculous with Hermortages
Cause of Death, Second (Immediate),	Exhaustion
Duration of Last Sickness,	(7) weeks.
Place of Burial, Ml Olivel -	
Date of Burial, Muil 5 187	- 1 11:1 R.
(Undertaker, Com So Huly	Wilmen I Sombou M. D. Medical Attendant.
Place of Business, 30/h Broadwa	uy Address, Chase St. + From Hace
	decure a full and correct record of the Vital Statistics in the of Baltimore.
SECTION 2. And be it further enacted and ordained, The Physician who attended during his or her last sickness twenty-four hours after the death, to the Undertaker or other	at whenever any person shall die in the said city, it shall be the duty of or the Coroner, when the case comes under his notice, to furnish within a persons superintending the Burial, a certificate setting forth as far as dition (whether married or single) of the person deceased, and the cause

	epartment,			e. 13"
ermit 10.99008 offi	ice of Registran	onside artic presents	tistics. Wa	e, accurately filled out,
The Physician who attended any per the Undertaker or other person supering equested so to do, under penalty of law.	ntending the burial, within	twenty-four hours after	the death of said de	Oladon Maria
	IFICATE		EATH	01
	TICATE	March	31 8	7
Date of Death,	logibly and snell	May .	Ir illia	rus
$Full Name of Deceased, \left\{egin{array}{l} ext{correct} \ ext{not nar} \ ext{of part} \ ext{of part} \end{array} ight.$	amed, give names	1 24		
Sex, Male or Female, { cross out to required in		Month	8.	Days.
Age, 45	rears,	Black		1
Color,	Cross out the wor	100	- 1,	/
Married, Single, Widow or W	required in this l	Serve	aut V	
Occupation,(State or country, and how	Ba	Minne	City	
Birth Place, State or country, and how long in the United States if of foreign birth.	City of Paltimon	. 4	10-1 40	aro
Duration of Residence in the	e City of Ballymore	wusity	Hope	tal
Place of Death, {Give Street and Number.}	7//		witts	
Cause of Death, Second (Imm	ry), Chronic undiate), Ur	-aining	Coma	
Duration of Last Sickness,	ished by the Physician.	-	Jean	
Place of Burial, Kuslim	7 w	17	11.	-
Date of Burial, April	27/189	C.W.	Mulch	ell M. D.
Undertaker, Je . &	C-01	Address, Um	Medical X	Attendant.
Place of Business, Cole	00		1	al Statistics in the
Extract from Regulations of the B	Soard of Health to secur City of Ba	re a full and correct altimore.	ot record of the Vi	it shall be the late
Section 2. And be it further ends the Physician who attended during his twenty-four hours after the death, to the the same can be ascertained, the full na	acted and ordained, That whis or her last sickness, or the	henever any person shall he Coroner, when the c	- Damel a continuate	selling forth as the
the same can be ascertained, the full m	ame, sex, age, and condition	a (whether marries of		[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

The special accention of Physician	Department,		Raltimo	TO
Permit No. 99119 The Physician who attended to the Undertaker or other person requested so to do, under penalty of	Office of Registral any person in a last illness, is resuperintending the burial, within of law.	sponsible for the present a proper four hours after	catistics. tation of this Certificer the death of said	Ward 2
	RTIFICATE	OF D	EATH.	B
Date of Death,		il 3d,		
Full Name of Deceased,	Write legibly and spell correctly. It an Infant not named, give names	Sarah A	un Bron	uley
Sex, Male or Female, { rec	oss out the word not } quired in this line.			1 1
	Years,	Month	s,	Days.
Color,		While	-11	•
Married, Single, Widow	or Widower, Cross out the wo	rds not)		
Occupation,				
Birth Place, State or country, a long in the United if of foreign birth	and how a States,	Ellicati	t's Landin	g, Ad.
Duration of Residence i	in the City of Baltimore	е, Зо	1 years	
Place of Death, {Give Street a Number.	and} * F	03 S. Sa	Mas St	
Cause of Death, \	Primary), Impediate), Her	pacture of	Tieses (lilical)	
Duration of Last Sickne		Three days		
Place of Burial,	eltmor bem.			
Date of Burial, De	18 8 87)S	10 110	00 00	
Undertaker, 9.	France of	ohn Hed		M. D.
Place of Business,	Janky Wolfe de	ddress, * 1/07	Often ar	rue h

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

(Undertaker,

Place of Business

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The special Attention of Physicians is Kespectiumy invited to the Kemarks below, and to list of Diseases on back of this certificate.
Bealth Department, City of Baltimore.
Permit No. 99011 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within preparateur flowers after the death of said decorated filled out,
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
- SIMORE PA
CERTIFICATE OF DEATH.
Date of Death, April 2 nd 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Mary Margaret Konig
Sex, Male or Female, {Cross out the word not }
Age, 75 Years, 2 Months, 19 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimbre, To Glans
Place of Death, {Give Street and } 2208 7, Mt. auk. Cause of Death First (Primary), Old age Fairmount ave
Cause of Death, Second (Immediate), Bron a hitis & Diarrhos
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, It It Monsus Cem
Date of Burial, April 0 = 87
(Undertaker, 9. Trance A. V. Medical Attendant, M. D.
Place of Business, Gant & Wolfer address,
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [GVER.]